

FEC
FORM 3

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE

15 JUL 15 PM 2:24

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type
over the lines.

12FE4M5

Bellows For Senate

ADDRESS (number and street) P.O. Box 136

☐ Check if different
than previously
reported. (ACC)

Manchester

CITY

ME

STATE

04351

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00550434

3. IS THIS
REPORT

☒ NEW
(N)

OR

☐ AMENDED
(A)

STATE

DISTRICT

ME

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☒ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)

(b) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the
State of

☐ Termination Report (TER)

5. Covering Period

04/01/2015

through

06/30/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Shenna Bellows

Signature of Treasurer

Shenna Bellows

Date

7/15/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. 437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)